Lease Income Statement Request

PLEASE ALLOW 3-5 BUSINESS DAYS FOR PROCESSING PLEASE PRINT CLEARLY

Completed forms and attachments, if applicable, can be submitted one of three ways:

Email to DepartmentLiaisons@SRPMIC-nsn.gov; or

Mail to 10005 E Osborn Rd, Scottsdale, AZ 85256 Attn: Finance Liaison Division; or

Drop off in west roundabout drop box at Two Waters A building; or

By Fax at 480-362-5599

By-phone requests can be made by landowners only (no POA) at 480-362-7700

Request Date:		
Name:		
Tribal ID#:	DOB	Contact Phone:
Relationship to Landown	er:	
\square I am the Landowner	☐ I am POA for the Landowner* *If POA, please attach valid POA documentation to this form.	
I want my Landowner Sta	tement sent to me by (due to COVID-19, no in-person pickups allowed):
□ Email:		
□ USPS Mail:		
Mailing Address:		
,		
Statement Request Perio during that period. Example: Jar	•	nd dates for statement. Statement will include all income []
Signature:		
Office Use only:		
Address & Phone verified b	v:	PS Supplier ID: